



California State Board of Pharmacy
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STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

RETAKE

APPLICATION FOR PHARMACIST LICENSURE AND EXAMINATION

I am submitting this application to retake:

☐ NAPLEX only ☐ Both CPJE (\$155) and NAPLEX ☐ CPJE only (\$155)

(Note: There is a \$155 fee (made payable to the California State Board of Pharmacy) for retaking the CPJE. There is no State Board of Pharmacy fee to retake the NAPLEX.)

NAME OF RECORD (This is the name that will appear on your license. *)

Last Name		First Name		Middle Name	
Former, Alias or "AKA" Names			*** Social Security Number		
**Address of Record		Number	Street (Including Apt Number if applicable)		
City			State	Zip Code	
Residence Address: (if different from above)					
City			State	Zip Code	
Home Phone Number		Work Phone Number		Email Address	
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DO NOT WRITE BELOW

Exam History			CASHIERING ONLY			
Date	NAPLEX	CPJE	APPLICATION FEE		LICENSE FEE	
			Receipt No.		Receipt No	
			Date Received		Date Received	
			Amount		Amount	
					License No	
Requalified <input type="checkbox"/>					Date Issued	
School						

List all state(s) where you have been or are currently registered as a pharmacist (If more space is needed attached additional sheet)			
State	Registration number	Active or inactive	Expiration date

ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS

- Have you ever been expelled from a pharmacist licensure exam administered in this state or any other state? **If “yes,” provide the date and state.** _____ ☐ Yes ☐ No
- Have you previously taken a pharmacist exam which was not graded or had exam results withheld on grounds of dishonest conduct during an examination in this state or any other state? **If “yes,” provide the date and state** _____ ☐ Yes ☐ No
- Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety without exposing others to significant health and safety risks? **If “yes,” attach a statement of explanation. If “no,” proceed to #5.** ☐ Yes ☐ No
- Are the limitations caused by your medical condition reduced or improved because you receive ongoing treatment or participate in a monitoring program? **If “yes,” attach a statement of explanation.** ☐ Yes ☐ No

If you do receive ongoing treatment or participate in a monitoring program, the board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure.
- Do you currently engage, or have you been engaged in the past two years, in the illegal use of controlled substances? ☐ Yes ☐ No

If “yes,” are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? **Attach a statement of explanation.**
- Have you ever been convicted of or pled no contest to a violation of any law of a foreign country, the United States, any state, or local jurisdiction? You must include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside under Penal Code section 1203.4. Traffic violations of \$500 or less need not be reported. **If “yes,” attach an explanation including the type of violation, the date, circumstances, location and the complete penalty received.** ☐ Yes ☐ No
- Has disciplinary action ever been taken against your pharmacist license or intern permit in this state or any other state? **If “yes,” attach a statement of explanation.** ☐ Yes ☐ No
- Have you ever had an application for a pharmacist license or an intern permit denied in this state or any other state? **If “yes,” attach a statement of explanation.** ☐ Yes ☐ No
- Have you ever had a pharmacy permit, or any professional or vocational license or registration, denied by a governmental authority in this state or any other state? **If “yes,” provide the name of company, type of permit, type of action, year of action and state.** ☐ Yes ☐ No

Name of person or company	Type of permit	Type of action	Year of action	State

You must provide a written explanation for all affirmative answers. Failure to do so will result in this application being deemed withdrawn as incomplete.

10. Please read and sign the following:

APPLICANT AFFIDAVIT

I, _____, hereby attest to the fact that I am the applicant whose signature appears below. I understand that falsification of the information on this form may constitute grounds for denial or revocation of the license. I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in this application, including all supplementary statements. I also certify that I personally completed this application and have read and understand the instructions accompanying this application.

Signature of Applicant

Date

All items of information in this application are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information will be used to determine qualifications for registration under the California Pharmacy Law. The official responsible for information maintenance is the executive officer, telephone number (916) 445-5014, 400 R Street, Suite 4070, Sacramento, California 95814-6237. The information may be transferred to another governmental agency such as a law enforcement agency if necessary for it to perform its duties. Each individual has the right to review the files or records maintained on him or her by the board, unless the records are identified as confidential information and exempted by Civil Code section 1798.40.

*Your name of record with the board must match **identically** with both your government-issued photo identification and federal social security card for admission to the CPJE. If they do not, you need to correct your identification so that the names match identically. Original government-issued photo identification and social security cards are required at the CPJE examination site.

**Once you are licensed with the board, your address of record will be considered public information pursuant to the Information Practices Act (Civil Code section 1798 et seq.) and the Public Records Act (Government Code section 6250 et seq.) and will be placed on the Internet upon licensure. If you do not wish your residence address to be available to the public, you must provide an alternate address, for example a post office box number or a personal mailbox (PMB). However, you must also provide your residence address to the board. The alternate address will be available to the public.

*** Disclosure of your U.S. social security account number is mandatory. Section 30 of the Business and Professions Code, section 17520 of the Family Code, and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your social security account number. Your social security account number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for child or family support in accordance with section 17520 of the Family Law Code, or for verification of license or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security account number, your application will not be processed and you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

MANDATORY REPORTER

Under California law each person licensed by the Board of Pharmacy is a "mandated reporter" for child abuse or neglect purposes. Prior to commencing his or her employment, and as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions.

California Penal Code section 11166 requires that all mandated reporters make a report to an agency specified in Penal Code section 11165.9 [generally law enforcement agencies] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter must make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter must prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.

For further details about these requirements, consult Penal Code sections 11164, and subsequent sections.